



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

CONSULTANTS IN PAIN MEDICINE

**Respondent Name**

ST PAUL FIRE & MARINE INSURANCE

**MFDR Tracking Number**

M4-17-3301-01

**Carrier's Austin Representative**

Box Number 05

**MFDR Date Received**

July 12, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "In review of your explanation of benefits, it seems that you denied the claim for code 80307. We feel this was denied in error."

**Amount in Dispute:** \$98.85

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The Carrier has reviewed the Medicare base rate and calculations utilized and determined that the Maximum Allowable Reimbursement was properly calculated, as the services in dispute are included in the Medicare base rate for CPT code G0480 reimbursed under this date of service. The Carrier contends the Provider is not entitled to additional reimbursement for the disputed services."

**Response Submitted by:** Travelers

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 27, 2017	80307	\$98.85	\$76.28

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
  - P12 – Workers’ compensation jurisdictional fee schedule adjustment
  - W3 – Additional payment made on appeal/reconsideration
  - 309 – The charge for this procedure exceeds the fee schedule allowance
  - 6578 – Individual laboratory codes which are part of a more comprehensive laboratory panel code were reimbursed at an all-inclusive panel code. All other drug screen codes are included in the reimbursement for the comprehensive laboratory code
  - 243 – The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed

### **Issues**

1. Are the insurance carrier’s reasons for denial or reduction of payment supported?
2. What is the rule that applies to reimbursement?
3. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The requestor is seeking reimbursement for professional medical services rendered on April 27, 2017 in the amount of \$98.85. The carrier denied the disputed service with reduction codes “6578, 243, 309 and 97.” Review of the submitted medical bill documents that the following CPT/HCPCS Codes were billed on April 27, 2017:
  - 80307 – Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
  - G0480 - Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed

Review of CHAPTER 10 for CPT codes 80000-89999 found at:

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html> states the following:

*Beginning January 1, 2017, urine drug presumptive testing may be reported with CPT codes 80305-80307. These codes differ based on the level of complexity of the testing methodology. Only one code from this code range may be reported per date of service.*

*Beginning January 1, 2016, urine drug definitive testing may be reported with HCPCS codes G0480-G0483. These codes differ based on the number of drug classes including metabolites tested. Only one code from this code range may be reported per date of service.*

28 Texas Administrative Code §134.203 (b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers.

Per Chapter 10 of the Medicare manuals, CPT Code 80307 differs from the HCPCS Codes G0480 and is not all-inclusive, nor is there a CCI edit that exists between the two codes. Therefore, the carrier's denial is not supported. The service in dispute will be reviewed per applicable fee guidelines below.

2. 28 Texas Administrative Code 134.203 (e) states in pertinent part, "The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows: (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and, (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

The 2017 Clinical Diagnostic Laboratory Fee Schedule indicate the allowable for Code 80307 is \$61.02. This amount multiplied by 125% ( $\$61.02 \times 125\%$ ) = \$76.28. There is not a professional component therefore the Maximum Allowable Reimbursement is \$76.28. This amount is recommended.

3. The Division therefore finds that the requestor is entitled to reimbursement in the amount of \$76.28, therefore this amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$76.28.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$76.28 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

August 30, 2017  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

***Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.***